

COLORADO METHAMPHETAMINE TASK FORCE

Meeting February 1, 2013

10:00 am – 1:00 pm

**Colorado Municipal League
1144 Sherman St., Denver, CO**

FINAL

FINAL

Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Marc Condojani, Associate Director, Community Intervention Programs, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; José Esquibel; Marc Condojani; Lori Moriarty; Elizabeth Hickman; Jade Woodward; Mike Root; Val Kalnins; Jeanne Smith; Brenidy Rice; Rachel Allen; Kelly Perez; Greg Daniels; Kathryn Wells; Chele Clark; Dan Rubinstein was on the phone

Guests: Colleen Brisnehan; Beverly Gmerek; Tamara Gonzales; Holger Peters; Jennifer Neville; Amy Beery; Julia Roguski; Jessica Johnston; Stan Paprocki; Aaron Miller; David Salinas; Liz Cohlma; Rob Wellhauser; Greg Knotsen; Paul Scudo; Laurie Lovedale; Ryan McCarley

Introductions:

Attorney General Suthers called the meeting to order on at 10:00a.m.

Review and Approval of Minutes: Minutes from November 2, 2012, were approved with corrections noted by motion.

Announcements from Task Force Members:

John Suthers– Legislators will be asked to reappoint José Esquibel, Marc Condojani, and Dan Rubinstein. The Senate Minority Leader will be asked for a replacement for Bob Vett. The other replacement is for Janet Rowland. Janet's replacement needs to be a rural county commissioner. If you know anyone, please contact John's office, we are looking for someone outside the Denver metro area. Suggests were given to look at the western slope, Ft Collins, Larimer County area, or Mesa County. Check in with the commissioners that serve on the board. Work through CCI to find this replacement. Ken Summers, who left the state legislature, was appointed as the House Minority Leader Designee.

AG Suthers interviewed with the Wall Street Journal to discuss prescription drug abuse issues. He noted an expression of surprise on the interviewer's part regarding the statistics that show, per capital basis, abuse is worse in the West. Oregon rates number one and Colorado rates number two in deaths related to opioid prescriptions.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

A discussion was held regarding asking the legislation to official expand the focus of the task force.

Kent MacLennan – The Colorado Meth Project Website continues to be a huge success, connecting with over 31,000 teens across the states, which are also connecting with each other regarding the risk associated with meth use.

Brendiy Rice – The Annual State Drug Court Conference is joining forces with the Statewide Best Practice Conference. This year the Conference will be May 21-23, 2013, at the Denver Tech Center Marriott. The Conference will include special program tracks specific to Problem Solving Courts and this year teens will be attending. The Conference will look at the span from jail to parole.

Dan Rubinstein – Mesa County Task Force is winding down. Our problem is the same as the rest of the state, we are not just dealing with meth anymore, and we are dealing with all drugs across the board. Through the local college we are finding heroin is now the big deal in Mesa County. We are finding that the student service needs are now out weighing other issues. A question was asked if there is a connection between prescription drugs and the increase of heroin use. Yes, there is a connection but we are not sure if the trend will continue. We saw a huge jump in heroin in Mesa County and it may just be a foot hold as a college drug of choice. We will continue to monitor this issue.

Legislation:

Reauthorization of Task Force – David Blake from the AG's office, has identified some sponsors for a bill to reauthorize the Task Force, which is scheduled to sunset on January 1, 2014. The judiciary committee supports this work. The bill has not changed from the last time we reviewed it. The proposed new name for this task force is the *Substance Abuse Trend and Response Task Force. An Overview of the State Methamphetamine Task Force* was presented (the document is attached). One of the main questions continues to be "Are we asking for any stuff funding"? No, instead, we look for funders and partners to help us conduct this work. If you would like to offer any support during the hearing of this bill, contact the Attorney General Suthers' office.

SB 14 –

Val Kalnins- SB13-14 is sponsored by Senator Irene Aguilar, concerning the use of opiate antagonists to treat persons who suffer opiate-related drug overdose events. The bill includes the following provisions:

- Allows a person, other than a health professional to administer Naloxone to another person whom the person believes to be suffering an opiate-related drug overdose event.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

- That person shall be immune from criminal prosecution and any civil damages.
- Allows a healthcare professional to prescribe, dispense or administer an opioid antagonist to a person who is at risk of experiencing an opiate-related drug overdose event or to any other person who is in a position to assist such a person in the event of such event.

Jane Kennedy, with the Harm Reduction Organization, is one of the backers of this bill. There have been at least 10 incidents where death was prevented by the use of this kit. A parent, partner or spouse would have the right to administer this medicine. If a person acting in good faith follows the instructions, including calling 911, they will not be held responsible if the person dies.

How is the kit going to be distributed? At this time the legislation is not clear. In the State of Washington, the kits were put together and given out at doctor's offices. The kit comes with all the necessary information and drugs to save a life. In Colorado we do not yet know how the kits will be distributed.

How is a prescription going to be written for this kit? There must be a patient doctor relationship in place before this can be done. The addicts will have access to this and would that continue foster ongoing issues.

Amendment 64 Update:

By Executive Order by the Governor, the Amendment 64 Task Force has 24 members and meets weekly. This Task Force is working on all the details regarding implementation of this amendment. There are five subcommittees helping to clarify what needs to be done. The big unknown is what action the Federal Government is going to take and the Task Force is asking the Federal Government for clarification on a number of the issues.

The Attorney General and the Governor are requesting information from the U.S. Attorney General in Washington DC. President Obama will make the final decision on this. Right now, the feds are stating that if Colorado and Washington want to pass this type of law, why should the Feds do anything to help you? The Ogden memo was sent out prior to this and we are not sure we want this to do. It will be at least three weeks before we get anything from the feds.

Rachel Allen has additional information on this. She will provide an update at a future meeting of the Task Force.

Amendment 64 will be posed as dual licensing. Something will be coming out about dual licensing. Can local governments impose their own local tax? Yes, this can happen. Legislation cannot impose surtax on this. Once upon a time the first 40% of money

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

would go to schools. Under the tax initiative it states that you must let the people know what you plan to do with the money. The only tax on marijuana is the sales tax. The legislature will be given a bill to consider regarding the need for surtax.

How do we coordinate this task force and the legislation? The goal is to educate and not impose taxes. We look for the overall drug trends in Colorado; marijuana is the starting point for higher level of drug use. We have thirty-five years of data to track this type of trend. Our job is to work on issue to support prevention, interdiction and treatment.

Jade Woodward – The Amendment 64 subgroups must submit all their data and recommendations by February 15th, and the Amendment 64 Task Force must have everything submitted by the end of February. There are concerns about growing marijuana in home, especially homes with children. The data shows that we will have more long term health issues with children and youth. What about second hand smoke from marijuana? What about the effects on babies that are breastfeeding? We need to figure out a way to track this type of data to follow the trends.

Packaging is another issue that needs to be researched and mandated. There must be a poison proof package for all controlled substance, and it must be child proof. Currently, this is under the State Attorney's office, the Poison Prevention Packaging Act. Jade is a member of the Amendment 64 subgroup that is looking at the packaging issues. Packaging mandates will add costs to the suppliers. A number of issues have been discussed. Putting all the merchandise in a bag will only protect the kids if they can't open the bags. Packaging the items in child proof containers will help prevent some of the children from being able to open the containers.

Are they going to start labeling the packaging? Yes, the labels will be on the items. Currently, the testing infrastructure is not in place yet. Colleen Brisnehan has already been contacted by labs asking about testing. The labs are not sure if they are able to do the testing and there is no place to find this information on how to test, what to test and how long it will take to do the testing. The labs are also afraid to do the testing because of the Federal guidelines.

State Meth Task Force Report, 2012

The Annual Report of the State Meth Task Force was submitted to the Judiciary Committees of the Senate and House of Representatives of the Colorado General Assembly.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting February 1, 2013

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver, CO

FINAL

FINAL

National Pharmaceutical Drug Task Force and DEA Rules for Disposal

Helen Kaupang Diversion Group Supervisor

US Drug Enforcement Administration, Denver Field Office

The next scheduled National Take Back day is Saturday April 27th, 10am to 6pm. The law enforcement website is open and we are encouraging law enforcement agencies to sign up now. We are asking the Attorney General to write a letter again this year. The Meth Task Force is a wonderful partner and does a great job of working with us.

The proposed DEA Rules for disposal of controlled substances are available for review and comment on the website. There is a public hearing scheduled for February 19th. Take a look at the document and give your input. There is no timeframe when a final DEA document will be completed. There are a lot of national meetings and lots of input. As a result of this process, the DEA learned of all the interested parties out in the communities and their continued interest in this process. It took a number of tries to get the data out. What does it say about law enforcement about disposal? Fed law is not stating must on this. Disposal work is not talked about. Public Health has about 12 bins that collect drugs but does not have a way to dispose of the drugs.

What are the next best steps for Colorado? Helen is working with this group and with what we have now, is there a safe message for us to send out? The Medication Disposal Stakeholders Group is talking about this issue and we are talking about messages. The final proposal needs to be given prior to messages being sent out in writing. Our goal is to have continual take back and disposal events. We want to institutionalize the Take Back Program so that everyone knows where to take their unwanted drugs. What can we do and what is best for Colorado? How can we move forward with Colorado needs without waiting for DEA? The working groups in place are working on these issues. Have we looked at other states that are doing this? No, we do not know what the other states are doing specifically. The Take Back efforts are new. One big issue is proper destruction of medications and drugs that are collected. Colorado is lacking an approved incineration site for destruction of controlled substances

Substance Exposed Newborns Subcommittee

Kathryn Wells, MD, Denver Health

Jade Woodard, Executive Director

The formation of a 1-800-Children telephone line is up and running. This line connects pregnant women to resources and is a confidential service. Additional treatment resources are being added. There are posters, brochures; magnets all are now available at <http://www.coloradodec.org/substanceexposednewborns.html>.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

With the assistance of a convening grant from The Colorado Trust, there will be seven regional meetings regarding the legislation passed in the last session about screening of pregnant women for substance abuse and protection from prosecution. The meetings will be held in March and April across the state in Greeley, Grand Junction, Denver, Colorado Springs, Pueblo, Alamosa and Durango under the title “Serving Families Impacted by Prenatal Substance Use.” There will be training offered for practitioners. There is also outreach being made to involve WIC providers, law enforcement, doctors, and midwives, as well as primary care providers.

A larger audience is likely to be reached because of the use of LiveStream via the Internet, which will help reach primary care workers from their offices. The medical communities are now getting information to help the pregnant women that are reaching out for their help. The intent is to reach women early in their pregnancies. Medical marijuana is a huge issue with newborns right now. Watch for a flyer containing all the information on the regional meetings.

Questions:

- How are we planning to work with our families that have medical marijuana cards? How does this work? How do we regulate this? There is a child safety committee reaching this issue?
- What about a meeting in the eastern part of the state? There is a large amount of the state you are missing.

We need additional funding to go across the state; it is costing us about \$3,000 to do the 6 regional training we have scheduled. We do know we are missing a large portion of the state due to the lack of funds.

We need to create standards especially in regards to medical marijuana and child care givers. How do we give our children back to a high parent? There is impairment issues that need to be considered here and this is all part of the issues needed to be addressed in regards for our children.

Colorado Substance Use Data

*Kristen Dixon, Associate Director, Data and Evaluation
Office of Behavioral Health/ CO Dept of Human Services*

Trends in Drug Abuse: What’s Happening in Denver and Colorado?

Caveats—

- Focus: marijuana, cocaine, meth, heroin, other opioids
- Data based on treatment admissions, not unique clients

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

- Treatment admissions are only those from facilities licensed by the Division of Behavioral Health
- Information by drug is based on the primary drug only.
- Treatment data from Denver Metro area includes Boulder county/based on client county of residence
- Indicators based on varying time periods and geographical areas as noted

Brief overview—

Hospital discharged data for the past 4 years 2007 – 2011 (rate per 100K)

- Marijuana shows a raise from 72 in 07 to 117 in 2011
- Stimulants show stable 38 in 07 to 39 in 2011
- Cocaine shows decrease 77 in 07 to 64 in 2011
- Opioids shows an increase from 77 in 07 to 117 in 2011

Drug related death rates Colorado residents in 2007-2011 (death rate per 100k)

- Marijuana – there has been no deaths listed
- Stimulants – 0.8 in 07 increased to 1.6 in 2011
- Cocaine – 4.0 in 07 decreased to 2.6 in 2011
- Heroin – 0.8 in 07 increased to 1.6 in 2011
- Other opioids 6.5 in 07 increased to 7.1 in 2011
- Antidepressants 1.1 in 07 increased to 1.6 in 2011

Deaths and the increase of prescription drugs are the top of the list. Meth is stable but use will not go away. The list of drugs was taken off the death certificate. We are assuming this is under reported. If it is in the person death time it will be there. Does this included traffic deaths? Not sure of this. This does not include heroin.

National Forensic Laboratory Information System (NFLIS) reported on drugs seized and analyzed Denver's top 10 drugs seized, which are:

Cocaine 30.7%	Oxycodone 1.5%
Cannabis 19.6%	JWH-122 1.4%
Other 16.1%	Psilocin- 1.0%
Meth 13.1%	Hydrocodone 0.9%
Heroin 11.6%	JWH – 018 – 0.8%
AM-2201 3.2%	

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

Treatment Admissions by Drugs Of Use: January 2012 – June 2012

Drug	Statewide	Denver/Boulder Metro
Alcohol	42%	39%
Marijuana	19%	20%
Meth	14%	11%
Heroin	8%	11%
Cocaine	7%	9%
Other Opioids	7%	7%
All else	2%	3%

Treatment Admissions by State Regions: January 2012 – June 2012

Region	CO Population	Marijuana	Cocaine	Meth	Heroin	Other Opioids
Northeast	13%	19%	9%	24%	7%	16%
Denver/Boulder	56%	45%	57%	35%	65%	41%
S Central	14%	15%	12%	23%	15%	13%
Southeast	6%	14%	19%	10%	7%	25%
Southwest	4%	2%	1%	4%	1%	1%
Northwest	7%	5%	2%	5%	5%	5%

High School Age Alcohol, Tobacco and Other Drug Use (Source: Healthy Kids CO Survey 2011-2012)

Drug	2005	2009	2011
Alcohol	75.9	72.4	65.5
Marijuana	42.2	42.6	39.5
Prescript Drugs	0	0	20
Cigarettes	18.7	17.7	15.7
Ecstasy	6.9	10.2	11.7
Inhalants	9.8	9.2	8.6
Cocaine	8.1	8.3	6.3
Heroin	1.3	3.2	3.9
Meth	4	3.5	3.4

Comments:

- Colorado is in the top 10 across the board with youth and marijuana use.
- Colorado ranks lowest with kids understand the risk of using.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

- Mexican marijuana and home grown is showing an upward trend.
- One of the things we need to keep in on the radar is the increase ease in which the youth can get the drugs.
- Cocaine trends -There is a decline across the board for this drug. Slight increase in death, this is not unique to Colorado.
- Four years ago this was a high ranking drug and now there is a slowing trend in it. The supply is getting low and the price is getting higher. Quality is going down.
- Heroin use on par with meth use in the Denver area. Heroin use is new to Denver.
- The preferred means of heroin use is smoking, which has increased by 20% and needle use is down.
- Other opioids – is following the trend live of heroin. People are not just using heroin they use in a combination of both. Does this include prescriptions? Yes it does
- This is based on people coming to treatment and these are the drug of use by the patients.
- Colorado is the 2nd highest per capital in prescription pain medication.
- Arrestee testing positive for opiates Colorado has had an increase
- AIDS And HIV - 20% of cases are due to idu and remain stable
- A lot of what we are seeing is the combination of drugs that the users are taking. It is very hard to drill down to a specific drug.
- Other emerging trends that are coming up are

Summary of Drug Trends in Denver and Colorado—

- Where does it come from? Predominantly Mexico.
- Where is it? Mostly Denver, especially heroin, meth more distributed
- Most treatment admissions? Alcohol, marijuana, meth
- Ranks and Trends:
 - Marijuana: High ranks (#1)/mixed trends: MMJ & Amendment 64 implications
 - Meth: Mixed ranks/mostly stable with some mixed trends
 - Heroin: Lower ranks/mostly upward
 - Cocaine: Mixed ranks/mixed trends
 - Other Opioids: Mixed ranks/upward trends
 - Benzos: Small tx numbers, few indicators
 - MDMA: low levels
 - Synthetic Drugs: Synthetic Cannabinoids (Cannabiminetics) & Synthetic (substituted) cathinones: few indicators

Kristin will come back in August to follow up.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

RADARS Systems Drug Surveillance Data

*Jody Green, Director Research Administration
Rocky Mountain Poison and Drug Center*

The Researched Abuse Diversion and Addiction- Related Surveillance (RADARS®) System was developed in 2001 as a way to address the risk management obligations of pharmaceutical companies, specifically the challenges they faced with reports of abuse, misuse and diversion of their products. In 2006, the RADARS System was acquired by Denver Health and Hospital Authority (DHHA) and became independent, nonprofit operations of the Rocky Mountain Poison and Drug Center (RMPDC), a division of DHHA.

The RADARS System collects timely product and geographically specific data which contribute to the understanding of prescription drug abuse trends throughout the United States. It is guided by an external Scientific Advisory Board which is comprised of independent key opinion leaders, who provide guidance on program development, interpretation of results, and the future development of RADARS System while also minimizing any conflicts of interest. The Scientific Advisory Board is composed of experts in the fields of drug abuse and epidemiology who provide strategic direction and scientific interpretation of the data.

The RADARS System conducts research for the benefit of the scientific community and the general public. This research contributes to the body of scientific literature related to the abuse, misuse and diversion of prescription drugs. Results are presented at regional, national and international conference and are published in peer-reviewed journals.

RADARS also hosts an annual scientific meeting where experts in the field of prescription drug abuse including, medical professionals, federal regulatory agencies and representative from pharmaceutical industry discuss current trends in prescription drug abuse research and develop strategies to ensure safe and proper use of prescription medications.

RADARS System Programs

- Drug Diversion
 - Reports the number of new instances of pharmaceutical diversion investigated by drug diversion units or reported to state regulatory boards. 280 reporters from 50 states and it is done quarterly.
- Poison Center
 - Spontaneous reports of intentional exposure mentions of acute medical events associated with one or more prescription drug(s) of interest. 53 of 57 poison centers and it is done weekly.
- Opioid Treatment Program

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

- Self-reported use of prescription or illicit opioids or stimulants to “get high” in the past 30 days. 73 programs from 33 states, reported quarterly.
- Survey of Key Informants Patients
 - Self-reported use of prescription or illicit opioids or stimulants to “get high” in the past 30 days. 125 informants from 50 states, reported quarterly.
- College Survey
 - Self-reported non-medical use of prescription drugs in previous semester. 6,000 responders from 50 states, reported in Fall, Spring, and Summer semesters
- StreetRX (www.streetrx.com) we get the street price and understand the value of what drugs cost in what area. Anyone can review data at this site.
 - Customized website utilizing crowd sourcing technology to calculate the average price of a specific drug in a particular location. Reporting is continual.

Poison center trends indicate Colorado rates have been similar to or lower than national rates.

Drug diversion trends indicate Colorado rates have been similar to or higher than national

Data can be broken down by age and we can do it by pregnancy

The change has not yet impacted those people in treatment. Many know that change was coming so there was a lot of stockpiling of the drugs. So there was not a dramatic change in use due to this. FDA is also watching this closing and the activities are improving the drugs.

Comments:

- There is value added with this connection to the RADARS.
- This is an excellent data source and it is as close to real time data as you can get. This is a wonderful partnership to work with.

COLORADO METHAMPHETAMINE TASK FORCE
Meeting February 1, 2013
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL

FINAL

Prescription Drug Abuse Prevention Program

Stan Paprocki, Director, Community Prevention and Early Intervention Programs
Laurie Lovedale, MPH, Peers Assistance Services, Inc.

The Division of Behavioral Health in the Colorado Department of Human Services received federal dollars for substance abuse prevention, and some of those dollars are allocated for the Prescription Drug Abuse prevention Program. Peers Assistance Services, Inc., is the contractor that implements this program.

Objectives:

- Increase awareness of the problem
- Increase availability of medication disposal programs statewide
- Encourage responsible prescribing practices
- Encourage patient responsibility
- Track data and trends

There were over 240 participants in the safe opioid prescribing seminar held in November, which was coordinated with a number of partners.

Key partners of the Prescription Drug Abuse Prevention Program include, the Colorado Department of Public Health and Environment, Denver Drug Strategy and the Denver Epidemiological Workgroup

Barriers to improving efforts included limited funding and lack of Denver specific data and lack of emergency dept data. Also, hospital discharge data doesn't differentiate opioids or stimulant codes

There is a variety of prescription drug abuse prevention efforts occurring in Colorado and a need to bring partners together to coordinate.

Closing and Adjournment: 1:00pm

Next Meeting:

Friday, May 3, 2013
10:00am-1:00pm